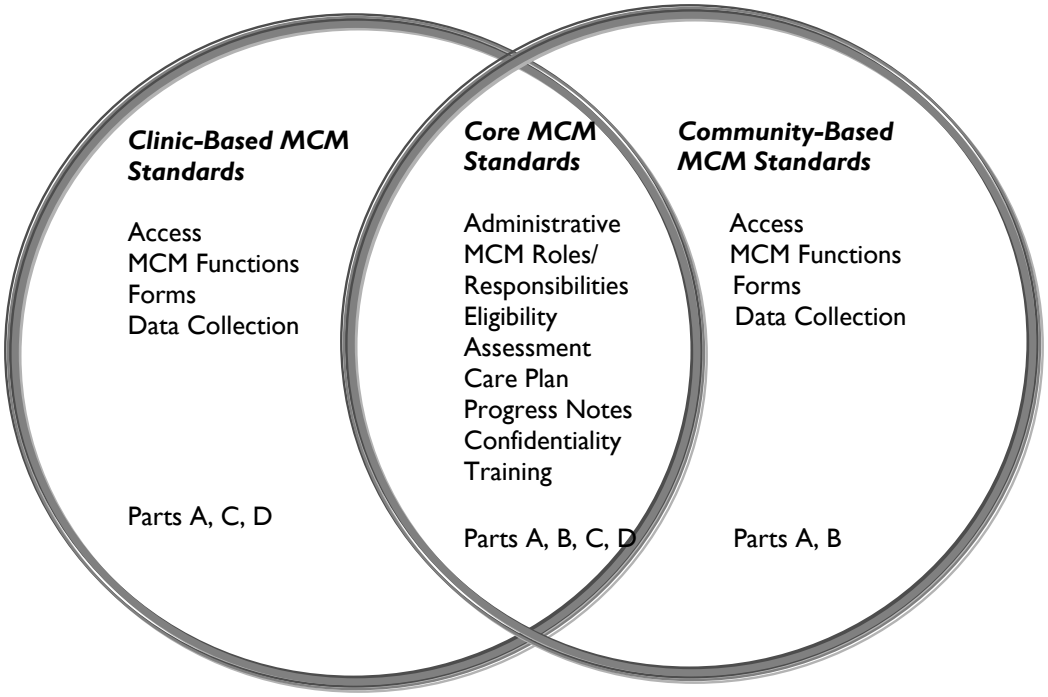
CORE MEDICAL CASE MANAGEMENT STANDARDS
TABLE OF CONTENTS

SECTION I:



Standards of Care for Ryan White, Part A-D Funded Medical Case Management Services

Background

The newly enacted Ryan White HIV/AIDS Treatment Modernization Act of 2006 provides the Federal HIV/AIDS programs in the Public Health Service (PHS) Act under Title XXVI flexibility to respond effectively to the changing epidemic.

The new law changes how Ryan White funds can be used, with an emphasis on providing life-saving and life-extending services for people living with HIV/AIDS across this country.

More money will be spent on direct health care for Ryan White clients. Under the new law, grantees receiving funds under Parts A, B, and C (formerly called Titles I, II and III) must spend at least 75 percent of funds on "core medical services."
The Administration and Congress want to make sure that grantees target Federal funds to pay for essential medical care (core services):

- Outpatient/ambulatory health services
- AIDS Drug Assistance Program (ADAP treatments)
- AIDS Pharmaceutical assistance
- Oral health care
- Early intervention services
- Health Insurance Premium & Cost Sharing Assistance
- Home health care
- Home and Community-based Health Services
- Hospice services
- Mental health services
- Medical Nutritional Therapy
- Medical Case Management (including Treatment Adherence)
- Substance abuse services-outpatient

Remaining funds may be spent on support services, defined as services needed to achieve outcomes that affect the HIV-related clinical status of a person with HIV/AIDS. The law outlines support services as:

- Case Management (non-medical);
- Child Care Services;
- Emergency Financial assistance;
- Food bank/home delivered meals;
- Health Education/risk reduction;
- Housing services;
- Legal services
- Linguistics Services
- Medical Transportation Services
- Outreach Services
- Psychosocial support services
- Referral for health care/supportive services
- Rehabilitative Services
- Respite care
- Treatment adherence counseling

Previously, no core set of medical services was specified in the statute and case management services were not specified as Medical Case Management.

Medical Case Management Definitions:

The U.S. Department of Health and Human Services, HIV/AIDS Bureau, and Health & Resources Service Administration (HRSA) defines **Medical Case Management services (including treatment adherence as):**

"A range of client centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through on-going assessment of the client's and other key family members' needs and person support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to complex HIV/AIDS treatments. Key activities (1) initial assessment of service needs; development of a comprehensive, individualized treatment plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and, (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and /or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication (2007)."

The medical case manager coordinates clinical & support services to the extent that clients maintain continuity of care & appropriate referrals. Key activities of MCM include: (1) initial assessment of health & related needs (2) development of a comprehensive individualized service plan focused on health outcomes (3) coordination of clinical & support services to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client specific advocacy and /or review of utilization of services. This includes all types of case management including face-to-face, phone contact and any other forms of communication.

Medical care is defined as primary medical care (out patient and ambulatory services), specialty care, mental heath &substance abuse treatment, oral heath, HIV medications, HIV medication adherence services, health & risk reduction education & related services, early intervention services, home health care, medical nutrition therapy, hospice services, and (home &) community-based health services implement the plan & client monitoring to assess the efficacy of the plan including client health outcomes, (4) periodic reevaluation & adjustment of the plan as decided by the clinical care team, and (5) record relevant data in each patient's file referrals to specialty care, hospital admissions, & outcomes of services delivered. Medical case managers perform these activities in consultation with & as part of a clinical team in a health care setting (e.g., case conferences).

Note: Medical Case Management Definition(s) – *On August 16 the Medical Case Management work group (comprised of Parts A, B, C, D) agreed that each definition shared the key components of the HRSA definition, achieving a common understanding of the definition of Medical Case Management statewide, and thus could be used within each Part to define their respective MCM needs.*

Hartford Part A TGA defines MCM as:

Medical case management services are designed to enhance access to and retention in appropriate clinical care (primary medical care, substance abuse and mental health

treatment, oral health), increase adherence to medication regimes and provide referral to support services. Key activities of Medical Case Managers include: (1) initial assessment of needs (2) development of a comprehensive individualized service plan (3) coordination of clinical and support services to implement the plan and client monitoring to assess the efficacy of the plan including client health outcomes, (4) periodic reevaluation and adjustment of the plan as decided by the clinical care team, (record relevant data in each patient's file including lab results and medication regimes, referrals to specialty care, hospital admissions and outcomes. Medical Case Managers perform these activities in consultation with and as part of a clinical care team in a clinical setting and community setting.

New Haven / Fairfield Part A TGA defines MCM as:

Medical case management focuses on the clinical services of HIV/AIDS primary care, and ensures that an HIV/AIDS patient enrolled in primary care receives associated services such as oral health, nutritional assessments, substance use and mental health interventions, treatment adherence support, prevention education, and partner notification. In addition, medical case management services must include initial comprehensive assessment of the clients' needs and personal support systems and enroll clients in all relevant federal, state, and local entitlement programs (e.g., Medicare, Medicaid, SAGA, CADAP, SSI, CONNPACE) to ensure that Part A funding is used only as a payer of last resort.

The level of medical case management needed by individual clients is determined by the initial intake assessment. To the extent necessary based on the acuity of needs, medical case management services include coordination of inpatient and outpatient care, referrals to specialists, follow-up referrals and missed appointments, and regular care conferencing between clinical care providers, community-based care providers, and interdisciplinary care teams.

Part B defines MCM as:

A range of client-centered services that are designed to enhance access to and retention in medical care for eligible people living with HIV. Medical care is defined as primary medical care (out patient and ambulatory services), specialty care, mental heath &substance abuse treatment, oral heath, HIV medications, HIV medication adherence services, health & risk reduction education & related services, early intervention services, home health care, medical nutrition therapy, hospice services, and (home &) community-based health services. The medical case manager coordinates clinical & support services to the extent that clients maintain continuity of care & appropriate referrals. Key activities of MCM include: (1) initial assessment of health & related needs (2) development of a comprehensive individualized service plan focused on health outcomes (3) coordination of clinical & support services to implement the plan & client monitoring to assess the efficacy of the plan including client health outcomes, (4) periodic reevaluation & adjustment of the plan as decided by the clinical care team, and (5) record relevant data in each patient's file referrals to specialty care, hospital admissions, & outcomes of services delivered. Medical case managers perform these activities in consultation with & as part of a clinical team in a health care setting (e.g., case conferences).

Parts C & D define MCM as:

"A range of client centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to

medically appropriate levels of health and support services and continuity of care, through on-going assessment of the client's and other key family members' needs and person support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; development of a comprehensive, individualized treatment plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and /or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication (2007)."

Goal of Medical Case Management: The goal of medical case management is to enhance access to and retention in culturally competent medical care for eligible people living with HIV to a range of client-centered services through self empowerment and advocacy.[1]

Statement of principle: The Medical Case Manager will perform the roles and responsibilities as outlined in the following core MCM standards by demonstrating:

- Professionalism
  - Provider/client boundaries
  - Adhering to agency standards
- Compassion
- Respect for client's dignity
- Cultural competence including sexual orientation

NOTE: These core standards are a collaborative effort developed by Ryan White Parts A, B, C and D in the state of Connecticut and form a minimum model of care standards for the delivery of medical case management services in the state of Connecticut. Each Part has the option of adding to but not deleting from the core standards agreed upon in the document.

[1] **Part A and Part B Allowable Program Services- Core Medical Services (75%): 1.** Outpatient /Ambulatory health services, 2. AIDS Drug Assistance Program (ADAP) treatments, 3. AIDS Pharmaceutical Assistance (local), 4. Oral health care, 5. Early Intervention Services, 6. Health Insurance Premium & Cost sharing Assistance, 7. Home health care, 8. Home and Community-based Health Services, 9. Hospice Mental health services Services, 10. Medical Nutrition Therapy, 11. Medical Case Management (including Treatment Adherence), 12. Substance abuse services–outpatient **Support Services** (25%) Case Management (non-Medical),Child care services, Emergency financial assistance, Food bank/home-delivered meals, Health education/risk reduction, Housing services, Legal services, Linguistics Services, Medical Transportation Services, Outreach services, Psychosocial support services, Referral for health care/supportive services, Rehabilitation services, Respite care, Treatment adherence counseling **NOTE**: **Part A and B Ryan White grant funds may be used to support only the following service categories**. The *Ryan White Program Service Category Definitions* list includes additional categories that are fundable under Part C and/or Part D only.

1.0 Administration

1.1 All provider agencies who offer medical case management services must have a client record system that collects and maintains information about client demographics, assessments, services plans, treatment/services provided, client response to services, updates, treatment goals, etc., that conforms to the information required by the funding Part. All providers have at a minimum a process to obtain client release and proper documentation.

1.2 Contents of the client record shall be protected within the parameters of State and federal laws. Record retention expectation is seven years.

1.3 Client's right to privacy will be safeguarded and respected in accordance with federal and state laws

1.4 Communication made on the client's behalf (including face to face information sharing) should safeguard the client's right to privacy.

2.0 Medical Case Manager Roles and Responsibilities

The Medical Case Manager (MCM) will:

2.1 Maintain a professional relationship with the client as evidenced by a signed rights and responsibilities of client document in the client file or by the following: Maintain the client's privacy by adhering to federal, state and agency specific polices.

2.2 Protect the oral, written and electronic confidentiality of the client. For example through client records being locked or protected under HIPAA and required trainings on HIPAA for Case Managers – x number hours of training[2]

2.3 Define role expectations and tasks of both the medical case manager and client throughout the entire medical case management service agreement.

2.4 Inform the client of agency and grievance policies and procedures.

[2] The HIPPA privacy rule establishes safeguards to ensure the confidentiality of protected health information. This means that any information that can reasonably be used to identify health records with a specific individual must be protected. Those who must adhere to HIPPA are consider a Covered Entity which is defined as a Health Plan, Health Care Clearinghouse or Health Care Provider who transmits health information electronically in connection with a transaction for which there is a HIPAA standard: The rule sets boundaries on the use and release of health information, and holds violators accountable if patient rights are violated. An individual employee may be held individually responsible for not protecting a client's privacy.

2.5 Conduct an intake that includes all necessary information to link and retain Ryan White eligible clients to care. This includes and initial assessment of needs, client strengths and deficits. An initial plan is developed with the client based on the level of acuity of needs. Goals set with the client should strive to achieve self-empowerment and self-efficacy.

2.6 Conduct on going care planning, including re-evaluation and updating as evidenced by an ongoing assessment of client's medical and psychosocial needs to the extent that the assessment supports access to and retention of care for the client. The medical core services assessment is done at least every three months (3), with full eligibility, financial and support services assessment conducted every six months.

2.7 Monitor client's progress to meeting established goals of care.

2.8 Coordinate referrals and track linkages and outcomes of clients to other core medical and support services to support access to and retention in care as evidenced by an appropriate data base and/or progress notes.

2.9 Actively participate in team meetings or case conferences (for your clients) to sustain retention in care and/or to improve your client's quality of life as evidenced by updated information in the client chart.[3]

2.10 Participate in training as mandated by Parts A, B, C, D baseline for new MCMs and annually. (To include at a minimum HIPPA, Managing HIV Disease, Core medical services, Client Assessments (including risk categories), and Enrollment and Eligibility, Cultural competency (gender, language, sexual preference, among others).

3.0 Eligibility for and Assessment of Service Delivery Needs

3.1 The MCM will determine eligibility for services as evidenced by documentation on the eligibility worksheet. Note: Medical Case Management services are offered regardless of income for HIV+ individuals. Other Ryan White services are contingent upon eligibility. If a client reports no income, that should be documented.

3.2 All Ryan White services that are not covered by Title XIX or another medical insurer must have evidence of documentation to indicate that the service(s) provided was not an allowable service under the health plan. Ryan White funds are to be used as a last resort.

[3] For example: A meeting on client's behalf of an interdisciplinary team of substance abuse providers or at a minimum medical case manager and Medical provider

3.3 If a client requests Ryan White services for health or health related needs, the MCM must secure documentation of the client's HIV status prior to providing services. Acceptable sources for HIV documentation are one of the following:

- *HIV Test Results:* A copy of a seropositive blood test for antibodies to HIV: ELISA (Enzyme Linked Immnosorbent Assay) confirmed by western blot assay with the client's name on the test report.
  - A *confidential* test result from a State-funded Counseling and Testing site is acceptable; an *anonymous* test result is not acceptable.
  - A test result generated by a licensed medical provider.[4]
- *Documentation from a medical provider:* A signed letter or medical progress note from a licensed provider with identified agency/medical provider logo stating that the client has HIV/AIDS.
- *Copy of the CADAP Application*: A copy of the CADAP (CT AIDS Drug Assistance Program) application signed by a medical provider.

3.4 Part B funded agencies may not deny services, including prescription drugs, to a veteran who is otherwise eligible for Part B funded services. CARE Act grantees or contractors may refer eligible veterans to the VA for services when appropriate and available. However, CARE Act grantees or contractors may not require that eligible veterans access VA care against their will.

3.5 The MCM will use and complete the "Client Eligibility Worksheet" to demonstrate client eligibility for health and supportive services (Section IV, Forms).

3.6 Verification that the client meets the 300% FPL current eligibility requirement must be obtained prior to payment for services (e.g., unemployment stub, Title XIX, Medicare, Social Security Income, Social Security Income Disability, income tax return, State Administered General Assistance, etc.).

3.7 The MCM must submit a request for payment of services on the "Ryan White Payable Services" form the Program Supervisor (Forms, Section IV). Make sure to include the name of the agency denying the payment or stating that the service is unavailable.

3.8 The MCM will conduct a face-to-face assessment of the client's needs. The assessment must include, but may not be limited to:

By categories and use URS fields: Risk, Medical, Support

- Last Med. Appt., Next Med. Appt.

[4] In general, Medical provider is defined as a Medical Doctor, MD or Physician's Assistant, PA or an Advanced Practice Registered Nurse, APRN. If the client was in a CT correctional facility, a Licensed Practical or Registered Nurse's (LPN or RN) signature is acceptable as documentation of the client's HIV status

- Confidentiality statements and necessary releases of information and forms for referrals (early intervention/lost to care)
- Name of Client's Medical Provider
- General Information required by the Parts A, B C or D.
- Pharmacy
- Viral Load & CD4 test results
- Support systems including religious affiliations
- Client strengths and limitations
- Bio-psycho-social support needs to
- Barriers to access and retention in care (refer to some of the Part A & B Support Services)
- Functional HIV knowledge / health literacy
- Need for referrals to core medical and support services to access or retain linkages to health services
- Primary Care and Health Maintenance Screening
  - Includes cancer, Hepatitis A,B,C screening
- Oral Health Screening
- Access to Pharmaceuticals
- HIV Medication Adherence Screening
- Mental Health
- Substance Use Screening
- Nutritional Health Screening
- Risk Reduction Counseling* (list – clarification of…e.g., partner notification)
- Correctional History
- Legal issues*, guardianship/custody, discrimination, criminal justice, immigration/naturalization
- Follow-up after hospital care
- Follow-up after urgent/emergency care

3.9 The assessment should be reviewed with the client as evidenced by the completed service plan.

3.10 All clients who request or are referred for HIV MCM services will be contacted within two (2) business days after a referral has been received. Every effort should be made to meet with a client within ten (10) business days and complete the intake information.*

*Circumstances that necessitate a deviation from this time frame should be documented in the progress note of the client record (e.g., client is unable to be contacted by phone or by mail, no permanent housing, relocation, incarceration, etc.)

4.0 Care Plan

4.1 The MCM will develop a Care Plan with the client. The MCM will consult with the client's healthcare team to ensure that the identified medical and support service needs are addressed for every client and included in the Care Plan. The anticipated outcome must also be addressed in the plan.

4.2 MCMs must ensure that all client needs are identified and prioritized so that the most important services for clients are made available as soon as possible. Plans should be client centered and informed by the client assessment.

4.3 A Care Plan should be completed within thirty (30) business days.

4.4 Core Services in the Care Plan are reviewed every three months (3) and full eligibility, financial, and support services every six (6) months.

4.5 The Care Plan should be signed by the case manager developing the plan and by the client. The client's signature confirms that the client understands the plan (if the client does not sign the Care Plan, document reason in the client's Progress Note)

5.0 Progress Notes

5.1 A progress note must be done on a client at least monthly- that includes adherence, medical progress, etc.

5.2 The MCM will document the progress on meeting the goals addressed in the Care Plan in the client's record.

5.3 The person making the progress note entry must use his/her full legal name and title. The entry must also be dated and time, title and credentials within five (5) days after an interaction with the client.

5.4 The MCM will document efforts to contact the client as needed (e.g., to update client information, reassess service care plan, assess completion of referral, etc.)

5.5 The MCM should not leave blank spaces within the progress notes.

6.0 Confidentiality

6.1 All clients must be given the opportunity to read, as well as understand, the confidentiality agreements between client and the Part A, B, C or D funded agency.

6.2 The MCM must assure that when a client or the client's legal guardian signs a *Release of Information,* the client/legal guardian *understands* that information from his record will be shared and with whom and for what purpose.

6.2.1 The client has a right to know for what period of time the disclosure will occur and what safeguards are in place against unauthorized disclosure. Release of information expires after six months.

6.2.2 Documentation with signature of client indicating an understanding of and acceptance of the client bill of rights, grievance procedure, must be in place.

7.0 Training

Components of Training for medical case managers

7.1 MCM must receive training on

7.1.1 HIPAA for – x number hours of training[5]

7.1.2 Managing HIV Disease

7.1.3 Core medical services

7.1.4 Client Assessments (including risk categories)

7.1.5 Enrollment and Eligibility

7.1.6 Cultural competency (gender, language, sexual orientation, among others)

7.1.7 Categories described in 3.4 (e.g., mental health, substance abuse, entitlements and legal issues, housing

7.1.8 The importance of getting the client release for information

[5] The HIPPA privacy rule establishes safeguards to ensure the confidentiality of protected health information. This means that any information that can reasonably be used to identify health records with a specific individual must be protected. Those who must adhere to HIPPA are consider a Covered Entity which is defined as a Health Plan, Health Care Clearinghouse or Health Care Provider who transmits health information electronically in connection with a transaction for which there is a HIPAA standard: . The rule sets boundaries on the use and release of health information, and holds violators accountable if patient rights are violated. An individual employee may be held individually responsible for not protecting a client's privacy.